

For official use only:	
Customer Name	Customer No.

PD F 5446 E
Department of the Treasury
Bureau of the Public Debt
(Revised January 2005)

TreasuryDirectSM

OFFLINE TRANSACTION REQUEST

OMB No. 1535-0138

Use this form to request transactions involving electronic E, EE, and I Bonds and/or a TreasuryDirect account which cannot be completed online. ***If a decedent's estate is involved, this form may only be used if a legal representative has been appointed and is still acting. (See the instructions for further information.)***

Carefully read all of the instructions before completing this form and only complete the Parts of the form that apply to the transaction(s) requested. Parts A and F must be completed for ALL transactions.

At a glance.....

<i>If you are the.....</i>	<i>and are requesting.....</i>	<i>then complete Parts</i>	<i>and also provide this evidence:</i>
Account Owner or Parent of a Minor Account Owner	Change/Correct Account Name	A, E, and F	None required
	Correct Social Security Number	A, E, and F	
	Correct Date of Birth	A, E, and F	
Surviving Secondary Owner or Beneficiary	Redemption	A, B, and F	A certified copy of the decedent's death certificate
	Transfer	A, C, and F	
Non-Converting Coowner or Beneficiary	Redemption	A, B, and F	If the non-converting coowner or beneficiary is deceased, a certified copy of his/her death certificate
	Transfer	A, C, and F	
	Edit Registration	A, D, and F	
Legal Representative Formally Appointed by the Court and Still Acting	Redemption	A, B, and F	A certified copy of your Letters of Appointment, dated within one year of submission
	Transfer to person(s) entitled	A, C, and F	
Legal Guardian	Redemption	A, B, and F	A certified copy of your Letters of Appointment, dated within one year of submission
	Transfer	A, C, and F	
Attorney-in-Fact	Redemption	A, B, and F	A copy of the power of attorney document, containing the grantor's signature and witnessed or certified in accordance with applicable State law
	Transfer	A, C, and F	
	Edit Registration	A, D, and F	
	Change/Correct Account Name	A, E, and F	
	Correct Social Security Number	A, E, and F	
	Correct Date of Birth	A, E, and F	
Person(s) Entitled through Judicial Proceedings	Redemption	A, B, and F	A certified copy of the court approved document authorizing the transaction
	Transfer to person(s) entitled	A, C, and F	

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 223) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 30 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND the completed form to the above address; send to the address shown in "Where to Send" in the instructions.**

PART A

Account Owner's Name: _____
Account Number: _____

ACCOUNT AND TRANSACTION INFORMATION

1. TREASURYDIRECT ACCOUNT INFORMATION

Account Number: _____

Account Owner's Name: _____
(First Name) (Middle Name/Initial) (Last Name)

Account Owner's Social Security Number: _____

2. TRANSACTIONS REQUESTED *(check all that apply)*

- ☐ Redemption of electronic E, EE, or I Bonds
- ☐ Transfer of electronic E, EE, or I Bonds
- ☐ Edit the registration of existing electronic E, EE, or I Bonds
- ☐ Change/Correct Account Owner's name
- ☐ Correct Account Owner's social security number
- ☐ Correct Account Owner's date of birth

3. CAPACITY OF APPLICANT(S) *(check all that apply)* *(Supporting evidence is often required; see the instructions.)*

- ☐ Account Owner
- ☐ Surviving secondary owner or beneficiary
- ☐ Non-Converting coowner or beneficiary
- ☐ Legal Representative of the estate of _____
- ☐ Legal Guardian of the estate of _____
- ☐ Parent of a minor Account Owner
- ☐ Attorney-in-Fact
- ☐ Person(s) entitled through Judicial Proceedings
- ☐ Other (specify) _____

PART B

Account Owner's Name: _____

Account Number: _____

REDEEM ELECTRONIC E, EE, OR I BONDS

Complete a separate Part B for each separate redemption request and/or if the number of bonds to be redeemed is more than can be described in the space provided.

I request redemption of the electronic E, EE, or I Bonds indicated below:

1. Description of Bonds

Confirmation Number	Portion to be Redeemed (if neither block is checked, redemption in FULL will be assumed)
	<input type="checkbox"/> Redemption of bond in FULL OR <input type="checkbox"/> Redemption of bond to the Extent of \$ _____
	<input type="checkbox"/> Redemption of bond in FULL OR <input type="checkbox"/> Redemption of bond to the Extent of \$ _____
	<input type="checkbox"/> Redemption of bond in FULL OR <input type="checkbox"/> Redemption of bond to the Extent of \$ _____
	<input type="checkbox"/> Redemption of bond in FULL OR <input type="checkbox"/> Redemption of bond to the Extent of \$ _____
	<input type="checkbox"/> Redemption of bond in FULL OR <input type="checkbox"/> Redemption of bond to the Extent of \$ _____

2. Payee Information

(Name)

(Social Security Number) OR _____
(Employer Identification Number)

3. Direct Deposit Instructions

I request that the proceeds from the redemption be deposited to:

(Name(s) on the Account)

(Depositor's Account No.)

Type of Account: ☐ Checking ☐ Savings

Bank Routing No. -

(Financial Institution's Name)

(Phone Number)

PART C

Account Owner's Name: _____
Account Number: _____

TRANSFER ELECTRONIC E, EE, OR I BONDS TO ANOTHER TREASURY DIRECT ACCOUNT

Complete a separate Part C for each separate transfer request and/or if the number of bonds to be transferred is more than can be described in the space provided.

(NOTE: Upon transfer, the registration of the bonds will be changed to show the owner of the account receiving the bonds as the sole owner.)

I request/consent to transfer of the following-described electronic E, EE, or I Bonds, as indicated in Item 2. I certify that this transfer is for an authorized purpose.

1. Description of Bonds

Confirmation Number	Portion to be Transferred (if neither block is checked, transfer in FULL will be assumed)
	<input type="checkbox"/> Transfer of bond in FULL OR <input type="checkbox"/> Transfer of bond to the Extent of \$ _____
	<input type="checkbox"/> Transfer of bond in FULL OR <input type="checkbox"/> Transfer of bond to the Extent of \$ _____
	<input type="checkbox"/> Transfer of bond in FULL OR <input type="checkbox"/> Redemption of bond to the Extent of \$ _____
	<input type="checkbox"/> Transfer of bond in FULL OR <input type="checkbox"/> Transfer of bond to the Extent of \$ _____
	<input type="checkbox"/> Transfer of bond in FULL OR <input type="checkbox"/> Transfer of bond to the Extent of \$ _____

2. Transfer Instructions

Transfer bond(s) to:

Account Number: _____

Account Owner's Name: _____
(First Name) (Middle Name/Initial) (Last Name)

Account Owner's Social Security Number: _____

PART D

Account Owner's Name: _____

Account Number: _____

EDIT THE REGISTRATION OF EXISTING ELECTRONIC E, EE, OR I BONDS

Complete a separate Part D for each new registration requested and/or if the total number of bonds being edited is more than can be described in the space provided.

I request/consent to edit the registration of the following-described electronic E, EE, or I Bonds, as indicated in Item 2:

1. Description of Bonds

Issue Date	Confirmation Number	Registration

2. New Registration Requested

Owner/Primary Owner: _____
(First Name) (Middle Name/Initial) (Last Name)

Social Security Number: _____ (required)

The following person is to be named as: ☐ Secondary Owner
☐ Beneficiary

Name: _____
(First Name) (Middle Name/Initial) (Last Name)

Social Security Number: _____ (required)

PART E

Account Owner's Name: _____
Account Number: _____

CHANGE OR CORRECT ACCOUNT INFORMATION

1. Change Account Owner's Name

I certify that the Account Owner's name has been legally changed by:

☐ Marriage ☐ Divorce ☐ Adoption ☐ Naturalization ☐ Court Order

☐ Other (explain) _____

to _____
(Furnish the New Legal Name)

2. Correct Account Owner's Name

I certify that the Account Owner's name is incorrectly shown on the account.

The Account Owner's correct legal name is: _____.

3. Correct Account Owner's Social Security Number

I certify that the Account Owner's social security number is incorrectly shown on the account.

The Account Owner's correct social security number is: _____.

4. Correct Account Owner's Date of Birth

I certify that the date of birth shown for the Account Owner on the TreasuryDirect Account is incorrect and that the Account Owner's correct date of birth is: _____.

(Month/Day/Year)

PART F

Account Owner's Name: _____

Account Number: _____

SIGNATURES AND CERTIFICATIONS

The undersigned certify under penalty of perjury that the information provided herein is true and correct to the best of our knowledge and belief and agree to distribution of the bonds as indicated. We bind ourselves, our heirs, legatees, successors and assigns, jointly and severally, to hold the United States harmless on account of the transaction requested, to indemnify unconditionally and promptly repay the United States in the event of any loss which results from this request, including interest, administrative costs, and penalties. We consent to the release of any information regarding this transaction, including information contained in this application, to any party having an ownership or entitlement interest in the bonds or checks.

You must wait until you are in the presence of a certifying officer to sign this form.

Sign Here: ⇒ _____
(Signature) _____ Daytime Telephone No. _____

Sign Here: ⇒ _____
(Signature) _____ Daytime Telephone No. _____

Applicant to contact if additional information is necessary: _____

(Name, daytime telephone number, and e-mail address, if applicable)

Certifying Officer – Each individual must sign in your presence. Complete the certification and affix your stamp or seal.

I CERTIFY that _____, whose identity is known or was
proven to me, personally appeared before me this _____ day of _____,
(Month) (Year),
at _____, and signed this form.
(City) (State)

(Signature of Certifying Officer)

**(OFFICIAL STAMP
OR SEAL)**

(Title of Certifying Officer)

(Number and Street or Rural Route)

(City)

(State)

(ZIP Code)

I CERTIFY that _____, whose identity is known or was
proven to me, personally appeared before me this _____ day of _____,
(Month) (Year),
at _____, and signed this form.
(City) (State)

(Signature of Certifying Officer)

**(OFFICIAL STAMP
OR SEAL)**

(Title of Certifying Officer)

(Number and Street or Rural Route)

(City)

(State)

(ZIP Code)

INSTRUCTIONS

COMPLETE ONLY THE PARTS OF THE FORM THAT APPLY TO THE TRANSACTION(S) REQUESTED

USE OF FORM – Use this form to request transactions involving electronic E, EE, and I Bonds and/or a TreasuryDirect account which cannot be completed online. **Complete a separate PD F 5446 for each TreasuryDirect account number.**

If a decedent's estate is involved, this form may only be used if a legal representative has been appointed and is still acting. Do NOT use this form in the following cases:

- A legal representative has not been appointed to settle the decedent's estate. *(Use a PD F 5336 if the redemption and/or par value of all securities owned by the decedent does not exceed \$100,000. Estates with securities valued over \$100,000 must be formally administered through the court and an administrator, executor, or similar representative appointed.)*
- The decedent's estate was formally administered through the court and has been closed. *(Use a PD F 5394.)*
- The decedent's estate is being settled in accordance with State statute such as Summary Administration, Small Estates Acts, Texas Muniment of Title, Louisiana Judgment of Possession, etc., without the necessity of the court appointing an administrator, executor, or similar legal representative. *(Use a PD F 5394.)*

PART A ACCOUNT AND TRANSACTION INFORMATION *(Complete this Part for ALL transactions)*

- 1. TreasuryDirect Account information** – Provide the TreasuryDirect Account Number and the Account Owner's Name and Social Security Number.
- 2. Transactions Requested** – Mark the appropriate box to show the type of transaction requested. You can mark more than one box, if multiple transactions are requested.
- 3. Capacity of Applicant(s)** – Mark the box that best describes the capacity in which you are acting. You can check more than one box, if applicable. **Provide any necessary evidence, as described below:**

<i>If you check this box.....</i>	<i>then you must also provide this evidence.....</i>
Surviving Secondary Owner or Beneficiary	A certified copy of the decedent's death certificate
Non-Converting Coowner or Beneficiary	If the non-converting coowner or beneficiary is deceased, a certified copy of his/her death certificate
Legal Representative	A certified copy of your Letters of Appointment, dated within one year of submission
Legal Guardian	A certified copy of your Letters of Appointment, dated within one year of submission
Attorney-in-Fact	A copy of the power of attorney document, containing the grantor's signature and witnessed or certified in accordance with applicable State law
Person(s) Entitled through Judicial Proceedings <i>(The persons shown to be entitled are making this request in connection with a legal proceeding or court order involving the Owner/Primary Owner of the electronic E, EE, or I Bonds, such as divorce decree, court approved property settlement agreement, levy, money judgment, bankruptcy proceeding, etc.)</i>	A certified copy of the court approved document authorizing the transaction
Other	A copy of the evidence that establishes your authority to request the transaction. If filed with a court, the evidence must be under court seal.

PART B REDEEM ELECTRONIC E, EE, OR I BONDS

- 1. Description of Bonds** – List the confirmation number for each bond that you are requesting redemption of in whole or in part. For each bond listed, indicate whether you are requesting redemption in full or in part by checking the appropriate box in the column next to the bond confirmation number. If you don't check either box, we will assume redemption in full is desired.

If partial redemption is requested, check the appropriate box and specify the amount you are requesting be redeemed. You can request partial redemption of a bond as long as the amount that you are requesting be redeemed is at least \$25.00 or more and the redemption value of the remaining portion of the bonds is not less than \$25.00. For example, you can request partial redemption of a bond that has a value of \$67.12 to the extent of any amount from \$25.00 to \$42.12. A bond must have a current redemption value of at least \$50.00 or more before you can request partial payment. All redemptions will be comprised of principal and a proportionate amount of interest.
- 2. Payee Information** – Furnish the name and taxpayer identification number of the payee. Furnish the social security number, if the payee is an individual. If payment is being requested to an estate and the IRS has assigned an employer identification number, provide that number.
- 3. Direct Deposit Instructions** – Furnish information on the bank account where the payment is to be direct deposited. All payments must be made by direct deposit to a designated bank account.

All persons requesting redemption must sign in Part F of the form. If payment is to be deposited to a bank account in the name of a different person, then that person or his/her representative, who can authorize such a deposit, must also sign in Part F.

PART C	TRANSFER ELECTRONIC E, EE, OR I BONDS
Upon transfer, the registration of the bonds will be changed to show the owner of the recipient account as the sole owner.	
<p>1. Description of Bonds – List the confirmation number for each bond that you are requesting transfer of in whole or in part. For each bond listed, indicate whether you are requesting transfer in full or in part by checking the appropriate box in the column next to the bond confirmation number; if you don't check either box, we will assume transfer in full.</p> <p>If partial transfer is requested, check the appropriate box and specify the amount you are requesting be transferred. You can request partial transfer of a bond as long as the amount that you are requesting be transferred is at least \$25.00 or more and the redemption value of the remaining portion of the bonds is not less than \$25.00. For example, you can request partial transfer of a bond that has a value of \$67.12 to the extent of any amount from \$25.00 to \$42.12. A bond must have a current redemption value of at least \$50.00 or more before you can request partial transfer. Transfer will be comprised of principal and a proportionate amount of interest.</p> <p>2. Transfer Instructions – Furnish the TreasuryDirect Account Number, Account Owner's Name, and Social Security Number for the account to which you are requesting the bonds be transferred. <i>If you are the legal representative of a decedent's estate transferring bonds to the person entitled, and he/she does not have a TreasuryDirect Account and does not wish to open one, show "none" in the space for the Account Number. Show the entitled person's name in the space for the Account Owner's Name and the entitled person's social security number in the space provided for the Account Owner's social security number. The person entitled must complete Part B and sign in Part F.</i></p>	
PART D	EDIT THE REGISTRATION OF EXISTING ELECTRONIC E, EE, OR I BONDS
<p>1. Description of Bonds – Describe the bonds on which you want to edit the registration.</p> <p>2. New Registration Requested – Provide the complete name and social security number of the Owner/Primary Owner. The Account Owner must be named as the Owner/Primary Owner in the registration of electronic I Bonds held in his/her current holdings. If a secondary owner or beneficiary is to be shown in the registration, check the appropriate box and provide the name and social security number of the person to be shown as the secondary owner or beneficiary.</p>	
PART E	CHANGE OR CORRECT ACCOUNT INFORMATION
<p>1. Change Account Owner's Name – Complete this item if the Account Owner's name has changed by marriage, divorce, adoption, naturalization, court order, or some other valid reason. Indicate the manner by which the name changed and furnish the Account Owner's new legal name.</p> <p>2. Correct Account Owner's Name – Complete this item if an error was made in the Account Owner's name when the TreasuryDirect Account was established. Furnish the Account Owner's correct legal name.</p> <p>3. Correct Account Owner's Social Security Number – Complete this item if an error was made in the Account Owner's social security number when the TreasuryDirect Account was established. Furnish the Account Owner's correct social security number.</p> <p>4. Correct Account Owner's Date of Birth – Complete this item if an error was made in the Account Owner's date of birth when the TreasuryDirect Account was established. Furnish the Account Owner's correct date of birth.</p>	
PART F	SIGNATURES AND CERTIFICATIONS <i>(Complete this Part for ALL transactions)</i>
<p>Signatures/Certifications – Each applicant must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the application in the officer's presence. The officer must then complete the certification form provided and imprint the seal or stamp required in certifying requests. For certifications within the United States, the certifying individual must be authorized to bind his/her institution by his/her acts and guarantee signatures to assignments of securities or certify assignments of securities. For a list of authorized certifying individuals and the required evidence of authority, see Title 31 CFR Part 363.</p> <p>If you are a parent of a minor Account Owner, your signature certifies that you are requesting the transaction on the minor's behalf, for the minor's benefit.</p> <p>Applicant to Contact – Furnish the name, daytime telephone number, and e-mail address, if applicable, of the applicant to contact if additional information is necessary.</p>	

Additional Evidence – The Commissioner of the Public Debt, as designee of the Secretary of the Treasury, reserves the right, in any particular case, to require the submission of additional evidence.

Assembly of Form – Complete and submit only the Parts of the form that apply to the transaction(s) requested. Parts A and F must be completed and submitted for all transactions. Multiple copies of any Part may be completed and submitted together, if necessary. Attach all completed Parts together, in alphabetical order.

Where to Send – Send all completed Parts of the form, as well as any other forms and evidence, to:

BUREAU OF THE PUBLIC DEBT
PO BOX 1328
PARKERSBURG, WV 26106-1328